



CENTRE REGION CODE ADMINISTRATION  
 2643 Gateway Drive Suite #2  
 State College, PA 16801  
 Tel: 814-231-3056

[WWW.CENTREREGIONCODE.ORG](http://WWW.CENTREREGIONCODE.ORG)

Building Permit No:  
 Zoning Permit No:  
 Water Permit:  
 Sewer Permit:

## APPLICATION FOR ZONING AND BUILDING PERMIT

### LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: \_\_\_\_\_ Tax Parcel No: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Rural Directions: \_\_\_\_\_

### TYPE AND COST OF WORK OR IMPROVEMENT

#### Type of Property:

- Commercial
- Residential
- Current Rental
- Proposed Rental

#### Type of Improvement:

- New building
- Addition
- Alteration
- Repair, replacement
- Demolition
- Electrical ONLY
- Sprinkler System ONLY

#### Building Information:

##### Dimensions:

Height (feet): \_\_\_\_\_  
 No of Stories: \_\_\_\_\_  
 Total Square footage: \_\_\_\_\_

##### Type of sewage disposal:

- Public or private company
- Private (on lot septic tank, etc.)

##### Type of water supply:

- Public or private company
- Private (well, cistern)

#### Declared cost

\$ \_\_\_\_\_

#### Describe proposed work:

\_\_\_\_\_  
 \_\_\_\_\_

Role:	Name	Address	Phone No	Email
<i>Owner</i>				
<i>Tenant</i>				
<i>Contractor</i>				
<i>Design Professional</i>				

### AFFIDAVIT

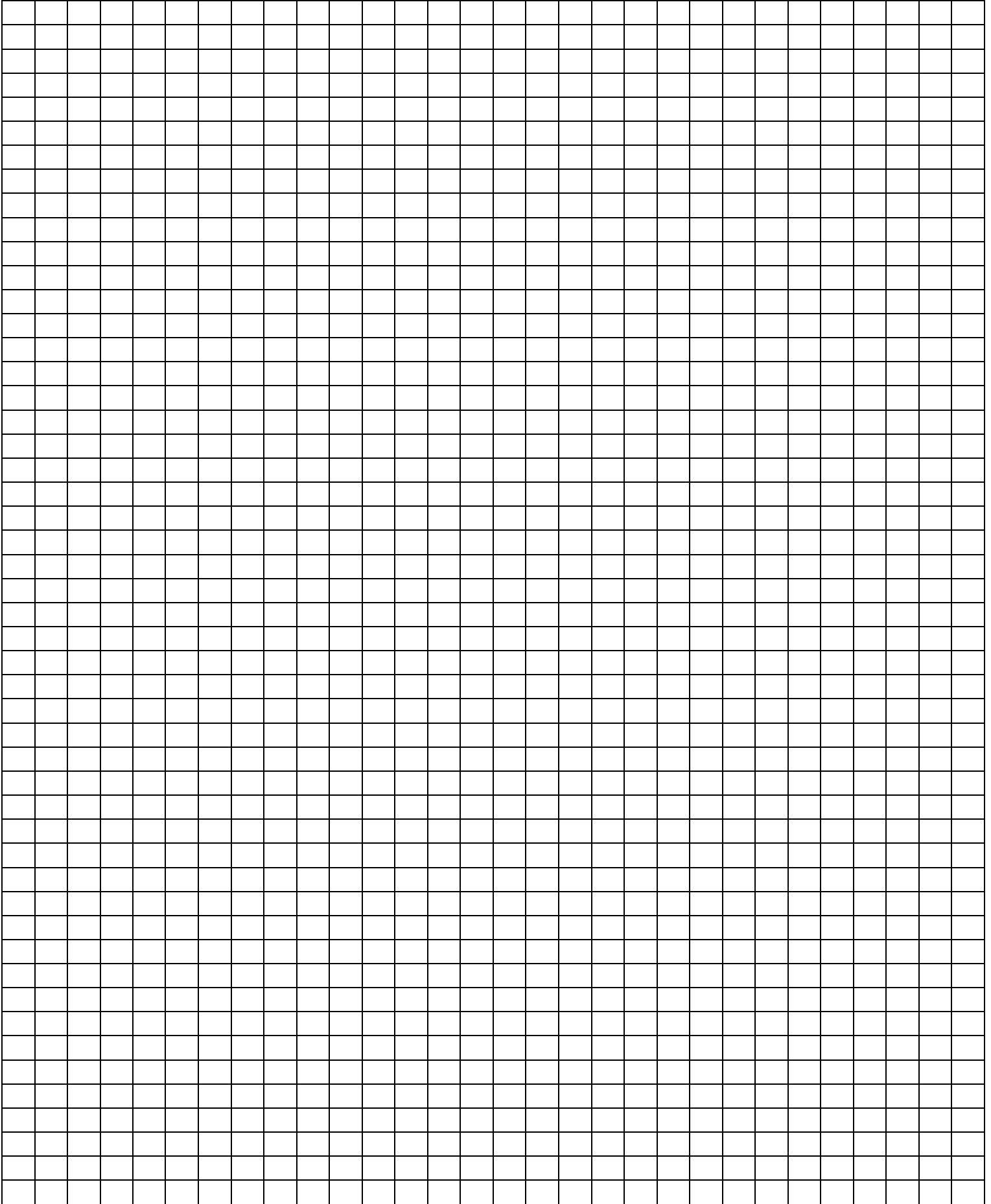
I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of applicant	Address	Application Date
Print Name	Email/Phone	Role

ADDRESS: \_\_\_\_\_



Site Plan – Required for zoning application. Applicant must fill in dimensions and indicate North.



**ZONING PLANS EXAMINER NOTES**

Zone: _____ Lot Square Footage: _____ Percent Coverage: _____	Off-street parking spaces Enclosed: _____ Outdoors: _____	Set Backs Front Right Side Left Side Rear	North √	Required	Provided
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Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved: \_\_\_\_\_ Date approved: \_\_\_\_\_ Permit No.: \_\_\_\_\_

**CODES PLANS EXAMINER NOTES**

OCCUPANCY INFORMATION

Type of Construction: \_\_\_\_\_ Use Group: \_\_\_\_\_

FLOOR	# OF UNITS	MAX OCC LOADS	MAX LIVE LOAD (lbs per sq.ft.)	FLOOR	# OF UNITS	MAX OCC LOAD	MAX LIVE LOADS (lbs per sq.ft.)
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				ELEVENTH FLOOR			
FIFTH FLOOR				ROOF			
SIXTH FLOOR				OTHER			

Plan Approved: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Building Permit No: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_  
 Permit fee \$ \_\_\_\_\_ Deposit Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Deposit Date \_\_\_\_\_ Check/Cash \_\_\_\_\_ By \_\_\_\_\_